

Amendment No. \_\_\_\_\_

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Signature of Sponsor

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 777**

**House Bill No. 717\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 33-2-402(10)(A), is amended by deleting the language "to fifty percent (50%) or more of its patients and to one hundred fifty (150) or more patients" and substituting instead the language "to fifty percent (50%) or more of its patients or to one hundred fifty (150) or more patients".

SECTION 2. Tennessee Code Annotated, Section 33-2-403, is amended by adding the following new subsections:

(h) By January 1, 2019, the commissioner of mental health and substance abuse services shall revise rules for nonresidential office-based opiate treatment facilities to be consistent with federal law and to establish:

(1) Standards for determining what constitutes a high dose of the opioid employed in treatment at a nonresidential office-based opiate treatment facility;

(2) Protocols for initiating or switching a patient at a nonresidential office-based treatment facility to a high dose of the opioids employed in treatment; and

(3) Protocols for initiating periodic prescriber-initiated and led discussions with patients regarding patient readiness to taper down or taper off the opioids employed in treatment.

(i) The commissioner is authorized to use emergency rulemaking under § 4-5-208 to promulgate the rules promulgated pursuant to subsection (h). The rules must be



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promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(j)

(1) Beginning in 2020, the commissioner of mental health and substance abuse services shall review the rules for nonresidential office-based opiate treatment facilities by September 30 of each even numbered year.

(2) The commissioner of mental health and substance abuse services shall submit the rules for nonresidential office-based opiate treatment facilities to each health-related board that licenses any practitioner authorized by the state to prescribe the products for the treatment of an opioid use disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders and to the board of pharmacy.

(3)

(A) Each board shall review the rules and enforce the rules with respect to that board's licensees.

(B) When a board's licensees are subject to the rules for nonresidential office-based opiate treatment facilities, the definition of enforce for purposes of this subdivision (j)(3) means referring any complaints or information regarding those licensees to the department.

(4) Each board shall post the rules on the licensing board's website.

(k) The commissioner of mental health and substance abuse services shall provide a copy of any rules developed pursuant to subsections (h)-(j) and any revision to the rules developed pursuant to subsection (j) to the chairs of the health committee of the house of representatives and the health and welfare committee of the senate at the time the rules are submitted to the licensing boards pursuant to the subdivision (j)(2).

(l) A violation of a rule described in subsections (h)-(j) is grounds for disciplinary action against a practitioner licensed under title 63 by the board that licensed that practitioner.

SECTION 3. Tennessee Code Annotated, Section 63-1-403, is amended by adding the following as subsection (c) and redesignating existing subsection (c) and remaining subsections accordingly:

(c) By January 1, 2019, the commissioner of mental health and substance abuse services, in collaboration with the commissioner of health, shall revise the nonresidential buprenorphine treatment guidelines to be consistent with federal law and establish protocols for initiating periodic prescriber initiated and led discussions with patients regarding patient readiness to taper down or taper off opioids employed in treatment.

SECTION 4. Tennessee Code Annotated, Section 53-10-304, is amended by adding the following as a new subsection (e):

(e) Notwithstanding subsection (c) or (d), a healthcare practitioner shall submit the dispensing of buprenorphine products in accordance with this part.

SECTION 5. Tennessee Code Annotated, Section 53-11-311, is amended by adding the following as a new subsection:

( ) Notwithstanding any other law, the dispensing of buprenorphine products is prohibited by any person or entity unless the dispensing is done by a pharmacy licensed under title 63, chapter 10, or a hospital licensed under title 33, or title 68, chapter 11. This subsection does not apply to the administering of buprenorphine products as otherwise permitted by law.

SECTION 6. Tennessee Code Annotated, Section 68-1-128(a)(1), is amended by designating the existing language as subdivision (a)(1)(A) and adding the following as a new subdivision (a)(1)(B):

(B) Identify the top twenty (20) prescribers who have unique DEA numbers of buprenorphine products in the previous calendar year, or if implemented more frequently

for the relevant time period as determined by the department, from the data available in the controlled substances database established pursuant to title 53, chapter 10, part 3;

SECTION 7. Tennessee Code Annotated, Section 68-1-128(a)(3), is amended by deleting the language "list" and substituting the language "lists".

SECTION 8. Tennessee Code Annotated, Section 68-1-128(b)(1)(A), is amended by deleting the language "on the top fifty (50) prescribers of controlled substances in the state and the top ten (10) prescribers" and substituting instead the language "on the lists of the top twenty (20) prescribers of buprenorphine products, the top fifty (50) prescribers of controlled substances in the state, and the top ten (10) prescribers".

SECTION 9. Tennessee Code Annotated, Section 68-1-128, is amended by adding the following as new subsections:

(h)

(1) No later than July 31 of each year, in consultation with the controlled substance database, the department of health shall identify licensed prescribers whose prescribing patterns of controlled substances represent statistical outliers in addition to top prescribers and high-risk prescribers identified pursuant to this section.

(2) The department of health shall inquire of the appropriate licensing board concerning any action taken against a prescriber identified by the department pursuant to subdivision (h)(1). Each board shall respond within thirty (30) days concerning the status of any action or lack of action against an identified prescriber.

(3) Each board shall also report on the total numbers of prescribers disciplined each year and the general categories of discipline imposed on the prescribers, including consent agreements, as well as reasons for declining to exercise discipline.

(4) The commissioner of health shall report a summary of the data concerning prescribers identified under this subsection (h), including a summary of any disciplinary action taken or pending by a licensing board against a prescriber, to the chairs of the health and welfare committee of the senate and the health committee of the house of representatives.

(i)

(1) On or before January 1, 2020, the comptroller of the treasury shall complete a study of the incidence of significantly statistically abnormal prescribing patterns by prescribers licensed under title 63 and the disciplinary response of the licensing boards to those prescribers. The comptroller shall report findings and recommendations of the study to the chairs of the health and welfare committee of the senate and the health committee of the house of representatives.

(2) Notwithstanding any other state law, the department of health, the controlled substance database, and a licensing board of any prescriber of opioids shall disclose to the comptroller of the treasury any relevant information in order for the comptroller to complete this study from July 1, 2018 through June 30, 2020. Any record that personally identifies a patient or a healthcare practitioner that is disclosed to the comptroller shall be confidential and shall not be disclosed as a public record at any time and shall not be subject to a subpoena.

SECTION 10. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section:

(a) If a healthcare practitioner treats a human patient with an opioid and that healthcare practitioner's licensing board or agency finds that the healthcare practitioner engaged in a significant deviation or pattern of deviation from sound medical judgment, the minimum disciplinary action that a healthcare practitioner's licensing board or

committee must take shall be established and promulgated by rule by a task force composed of representatives from:

- (1) The board of medical examiners;
- (2) The board of osteopathic examination;
- (3) The board of dentistry;
- (4) The board of podiatric medical examiners;
- (5) The board of optometry;
- (6) The board of nursing; and
- (7) The board of medical examiners' committee on physician assistants.

(b) The task force must create a uniform minimum disciplinary action pursuant to this section, which shall be binding on each board and committee listed in subsection (a).

(c) The task force is authorized to establish minimum disciplinary actions pursuant to this section by emergency rule in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5. The rule promulgated by the task force shall be codified and published by the secretary of state in each of the chapters for the boards and committee listed in subsection (a).

(d)

(1) Each board and committee listed in subsection (a) must select and appoint by majority vote one (1) member of their respective board or committee to serve on the task force before September 1, 2018.

(2) The task force shall select and appoint a member to serve as chair of the task force.

(3) A majority of the task force shall constitute a quorum, and a majority vote of the task force members present is required for any action.

(4) Notwithstanding any provision of the Uniform Administrative Procedures Act to the contrary, the task force shall hear public comment at any

required hearing on behalf of all boards listed in subsection (a) when a hearing is required. The task force is authorized to vote to promulgate the rule to establish the uniform minimum disciplinary action for each board and committee listed in subsection (a).

(e) In the event that the task force has not promulgated uniform minimum disciplinary actions by April 1, 2019, then the minimum disciplinary action that a healthcare practitioner's licensing board or agency must take is a removal of the healthcare practitioner's right to prescribe controlled substances for no less than five (5) years.

(f) The task force shall terminate upon the later of July 1, 2019, or the effective date of a permanent rule establishing the uniform minimum disciplinary action pursuant to this section. The procedures of this section must be followed to amend, repeal, or otherwise revise the uniform minimum disciplinary action established pursuant to this section. In such case, the task force may be reconvened by the commissioner of health or a majority of the boards and committee listed in subsection (a).

(g) Nothing in this part shall be construed to prohibit the licensing boards and committee listed in subsection (a) from promulgating rules regarding other minimum disciplinary actions that will be taken against their licensees.

SECTION 11. For rulemaking purposes, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect July 1, 2018, the public welfare requiring it.

House Health Subcommittee Am. # 2

Amendment No. \_\_\_\_\_

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Signature of Sponsor

**AMEND Senate Bill No. 777**

**House Bill No. 717\***

**FILED**

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by deleting the language "to be consistent with federal law" in SECTION 2 (h) and in SECTION 3 (c) and substituting instead the language "to be consistent with state and federal law".



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Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 2127**

**House Bill No. 2150\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 4-29-241(a), is amended by adding the following as a new subdivision:

( ) Professional art therapist advisory committee of the board of examiners in psychology, created by § 63-11-401;

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 11, is amended by adding the following language as a new part:

**63-11-401.**

(a) The practice of art therapy in this state is hereby declared to affect the public health, safety, and welfare of citizens of this state.

(b) To assist the board of examiners in psychology in the performance of its duties, there is established the professional art therapist advisory committee to protect the public from:

(1) The practice of art therapy by unqualified persons; and

(2) Unprofessional, unethical, and harmful conduct by art therapy practitioners.

(c) No person shall represent to be or function as a professional art therapist in this state unless such person holds a valid license issued by the advisory committee.

The committee shall also regulate the practice of art therapy.

**63-11-402.** As used in this part:



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(1) "Advisory committee" means the professional art therapist advisory committee of the board of examiners in psychology, created by § 63-11-401;

(2) "Appraisal activities":

(A) Means selecting, administering, scoring, and interpreting art therapy instruments which are used to understand, measure, or facilitate an individual's normal human growth and development; but

(B) Does not include the use of projective techniques in the assessment of personality, nor the use of psychological or clinical tests designed to identify or classify abnormal or pathological human behavior, nor the use of individually administered intelligence tests;

(3) "Art therapy":

(A) Means the integrated application of psychotherapeutic principles and methods with specialized training in visual art media, the neurobiological implications of art-making and the creative process, and art-based assessment models to assist individuals, families, or groups to improve mental functioning, increase self-awareness and self-esteem, resolve conflicts and distress, and enhance social functioning; and

(B) Includes therapeutic interventions to facilitate alternative modes of receptive and expressive communication, appraisal activities, development of treatment plans to address mental and emotional conditions, and treatment of mental and emotional needs;

(4) "Art therapy certified supervisor" means a person credentialed by the Art Therapy Credentials Board, Inc., to provide supervised clinical experience for an associate art therapist;

(5) "Associate art therapist" means a person holding a master's or doctoral degree in art therapy while engaged in the practice of professional art therapy under

supervision as part of clinical training to fulfill the supervised experience requirement for becoming a licensed professional art therapist;

(6) "Board" means the board of examiners in psychology, created by § 63-11-101;

(7) "Certified art therapist" means a person holding national board certification (ATR-BC) from the Art Therapy Credentials Board, Inc.;

(8) "Credentialed art therapist" means a person holding credentials in good standing with the Art Therapy Credentials Board, Inc., as a registered art therapist (ATR), certified art therapist (ATR-BC), or art therapy certified supervisor;

(9) "Licensed professional art therapist" means a person licensed in this state to practice professional art therapy;

(10) "Practice of professional art therapy" means rendering or offering to render to individuals, groups, organizations, or the general public any service as an independent or adjunctive therapist involving the application of principles, techniques, methods, or procedures of the art therapy profession, including appraisal activities, art therapy interventions, consulting, and referral activities in the prevention and amelioration of mental and emotional conditions; and

(11) "Supervision" means the regular observation and oversight of the functions and activities of a graduate art therapy student as part of an internship or practicum experience, or an associate art therapist engaged in the practice of art therapy to fulfill the requirements for licensure in § 63-11-405.

**63-11-403.**

(a) The professional art therapist advisory committee of the board of examiners in psychology shall consist of three (3) members appointed by the governor. The advisory committee is authorized to issue licenses to individuals who meet the requirements specified in this part, and to promulgate rules for the implementation of the part, including, but not limited to, the setting of fees and the establishment of disciplinary

actions. The advisory committee shall maintain a list of all licensees that shall be provided to any interested party on written request.

(b) Advisory committee members must be licensed professional art therapists and must be actively engaged in the practice or teaching of art therapy in this state at the time of their appointment, except that initial appointments to the advisory committee made in advance of promulgation of rules to implement this part shall be certified art therapists who are residents of this state and have engaged in the practice of art therapy for not less than five (5) years.

(c) The governor shall consult with interested art therapy groups, including, but not limited to, the Tennessee Art Therapy Association to determine qualified persons for appointment as advisory committee members.

(d)

(1) Except as provided in subdivision (d)(2), the terms of the members of the advisory committee are three (3) years.

(2) In order to stagger the terms of the newly appointed advisory committee members, initial appointments must be made as follows:

(A) One (1) person appointed pursuant to subsection (a) shall serve an initial term of one (1) year, which shall expire on June 30, 2019;

(B) One (1) person appointed pursuant to subsection (a) shall serve an initial term of two (2) years, which shall expire on June 30, 2020;  
and

(C) One (1) person appointed pursuant to subsection (a) shall serve an initial term of three (3) years, which shall expire on June 30, 2021.

(3)

(A) Following the expiration of members' initial terms as prescribed in subdivision (d)(2), all three-year terms shall begin on July 1 and terminate on June 30, three (3) years thereafter.

(B) In the event of a vacancy, the governor shall fill the vacancy for the unexpired term. Each member shall serve until a successor is duly appointed and qualified.

(C) Members are eligible for reappointment to the advisory committee following the expiration of their initial terms, but shall serve no more than two (2) consecutive three-year terms.

(e) All reimbursement for travel expenses must be in accordance with the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter. Members of the advisory committee serve without compensation, but are entitled to receive necessary travel and other appropriate expenses while engaged in committee business.

(f) The advisory committee shall be provided administrative support by the division of health related boards in the department of health.

(g)

(1) The advisory committee shall meet at least twice a year and may hold additional meetings as the advisory committee may determine necessary to carry out its duties under this part.

(2) Any member who misses more than fifty percent (50%) of the scheduled meetings in a calendar year may be removed as a member of the advisory committee.

(3) The chair of the advisory committee shall promptly notify, or cause to be notified, the appointing authority of any member who is removed for failing to satisfy the attendance requirement as prescribed in subdivision (g)(2).

(h) The advisory committee shall elect a chair from among its members at the first meeting held each fiscal year.

(i) Any actions taken in accordance with this part shall only be effective after adoption by majority vote of the members of the advisory committee and after adoption by a majority vote of the members of the board at the next board meeting at which administrative matters are considered following the adoption by the advisory committee.

**63-11-404.**

(a) The advisory committee shall:

(1) Promulgate rules for the implementation of this part, including rules to establish:

(A) Requirements and procedures for licensure and licensure renewal for licensed professional art therapists;

(B) Standards of practice, ethics, and professional responsibility to govern the conduct of persons licensed under this part;

(C) Standards and requirements for engaging in private outpatient independent practice of professional art therapy;

(D) Procedures for investigating reports of professional misconduct and unlawful acts by licensed professional art therapists; and

(E) Criteria and procedures for licensure by endorsement and reciprocity, waiver of examinations, and temporary licenses as determined by the board;

(2) Establish reasonable and necessary fees for licensure and licensure renewal that, in the aggregate, cover the cost of administering this part; and

(3) Maintain a list of persons holding licenses under this part, to be provided to any interested party upon written request.

(b) The advisory committee shall also:

(1) Advise the board on issues related to the practice of art therapy, licensing of licensed professional art therapists, and complaints and disciplinary actions involving licensed professional art therapists;

(2) Review the qualifications of licensure applications and issue licenses to individuals who meet the requirements for licensure under this part;

(3) Develop a professional scope of practice and standards of ethics and professional responsibility for adoption by the board that apply to licensed professional art therapists;

(4) Establish requirements for supervised clinical practice by associate art therapists engaged in the practice of professional art therapy to fulfill requirements for licensure under this part;

(5) Establish guidelines and criteria for continuing education for the renewal of licenses; and

(6) Perform additional duties and responsibilities as requested by the board.

(c) The rules promulgated by the advisory committee for the implementation of this part shall:

(1) Provide for the requirements for licensure as set forth in § 63-11-405; and

(2) Incorporate the general ethical standards and standards of conduct for licensed professional art therapists set forth in the Code of Ethics, Conduct and Disciplinary Procedures of the Art Therapy Credentials Board, Inc., in effect on January 1, 2018, or a later version if approved by the committee.

**63-11-405.**

(a) Each person desiring to obtain a license as a licensed professional art therapist shall submit an application and fee to the board. The application must include evidence that the applicant meets the following requirements for licensure:

(1) The applicant has attained the age of majority;

(2) The applicant is of good moral character and conducts the applicant's professional activities in accordance with accepted professional and ethical standards;

(3) The applicant has not had a professional credential refused, revoked, suspended, or restricted and does not have a complaint, allegation, or investigation pending in any regulatory jurisdiction in the United States or in another country for unprofessional conduct, unless the board finds that the conduct has been corrected or that mitigating circumstances exist that prevent resolution;

(4) The applicant has:

(A) Received a master's degree or doctoral degree in art therapy from a program approved by the American Art Therapy Association or accredited by the Commission on Accreditation of Allied Health Education Programs at the time the degree was conferred, and has completed not less than one thousand (1,000) client contact hours of experience after the master's degree was conferred under the supervision of an art therapy certified supervisor, licensed professional art therapist, credentialed art therapist, or other licensed mental health professional approved by the board; provided, that at least one-half (1/2) of the required supervision hours must be provided by a licensed professional art therapist or certified art therapist; or

(B) Received a master's degree or doctoral degree from an accredited college or university in a program with a graduate-level course of study and clinical training, as determined by the board, in consultation with the advisory committee, to be equivalent to an approved or accredited program in art therapy, and has completed not less than fifteen



hundred hours (1,500) of client contact experience after the qualifying degree was conferred under the supervision of an art therapy certified supervisor, licensed professional art therapist, credentialed art therapist, or other licensed mental health professional approved by the board; provided, that at least one-half (1/2) of the required supervision hours must be provided by a licensed professional art therapist or certified art therapist; and

(5) The applicant has passed the board certification examination of the Art Therapy Credentials Board, Inc.

(b) A person holding a national credential in good standing as a certified art therapist shall have met the requirements of this section.

**63-11-406.**

(a) The advisory committee may, at its discretion, grant a license to any person residing or employed in this state who is licensed by a similar entity in another state whose standards, as determined by the board, are not less stringent than the standards required by this part.

(b) The advisory committee may enter into a reciprocal agreement with another state or jurisdiction that licenses individuals engaged in the practice of professional art therapy, if the board determines that the other state has substantially similar or more stringent licensing requirements than this state.

**63-11-407.**

(a) A licensed professional art therapist license issued under this part is valid for twenty-four (24) months from the date of issuance.

(b) A licensee requesting renewal of a license shall provide the following to the board in advance of the expiration date of the license:

(1) A completed application on a form provided by the board and payment of the fee set by the board; and

(2) A certified or sworn statement to the board that the licensee:

(A) Has completed at least forty (40) hours of continuing education prior to the expiration date of the license; and

(B) Has not had a professional credential revoked, suspended, or restricted by the Art Therapy Credentials Board, Inc., and does not have a complaint, allegation, or investigation pending in this state or in any regulatory jurisdiction for unethical or unprofessional conduct.

(c) When a licensee fails to submit an application for license renewal and to pay any fee required by the advisory committee prior to the expiration date of the license, the license is automatically revoked by the advisory committee without further notice or hearing, unless renewal is completed and all fees are paid prior to the expiration of sixty (60) days from the date of the expiration of the license.

(d) A person whose license is automatically revoked under this section may apply in writing to the advisory committee for reinstatement of the license. Upon the showing of good cause by the person and submitting documentation that all continuing education requirements have been satisfied, the advisory committee may reinstate the license upon the payment of all fees set by the advisory committee.

(e) Applicants and licensees must notify the advisory committee of the following within thirty (30) days of their occurrence:

(1) A change of name, address, or other vital information;

(2) The filing of any criminal charge or civil action against the applicant or licensee;

(3) The initiation of any disciplinary charges, investigations, or findings or sanctions by a healthcare organization, federal or state agency, or other professional association against the applicant or licensee; and

(4) Any other change in information provided by the applicant or licensee to the committee.

**63-11-408.**

(a) No person shall use the title "licensed professional art therapist," "professional art therapist," or use any other title or abbreviation to indicate or imply that the person is licensed or qualified to practice professional art therapy in this state unless the person holds a license issued by the advisory committee under this part. This subsection (a) does not prohibit an associate art therapist from using the title "associate art therapist" in accordance with this part.

(b) No person shall practice professional art therapy unless the person is:

(1) Licensed by the advisory committee as a licensed professional art therapist;

(2) An associate art therapist, as long as the person uses the title of "associate art therapist" and does not represent themselves to the public as a licensed professional art therapist; or

(3) Exempt from licensure under § 63-11-410.

(c) Violation of this section is a Class B misdemeanor, punishable by a fine only, the suspension or revocation of a license issued under this part, or both a fine and loss of licensure.

**63-11-409.**

(a) A licensed professional art therapist may practice independently for and with organizations that include, but are not limited to, addiction and rehabilitation centers, art studios and centers, behavioral health hospitals and outpatient settings, cancer treatment centers, community centers, community services boards, correctional facilities, disability services, eating disorder clinics, government agencies, medical hospitals and outpatient settings, military bases and veterans and family services, museums, nonprofits, nursing homes, physical rehabilitation, residential treatment centers, schools, senior living facilities, state programs, and wellness centers.

(b) Until the board, in consultation with the advisory committee, determines the requirements for private outpatient independent practice by a licensed professional art therapist, a licensed professional art therapist may only work in a private, outpatient independent setting if the patient is referred to the therapist by:

- (1) A physician licensed under chapter 6 or 9 of this title;
  - (2) A psychologist licensed under this chapter;
  - (3) A professional counselor licensed under chapter 22 of this title;
  - (4) A professional counselor designated as a mental health service provider under chapter 22 of this title;
  - (5) A marital and family therapist licensed under chapter 22 of this title;
  - (6) A pastoral counselor licensed under chapter 22 of this title;
  - (7) A licensed master's social worker licensed under chapter 23 of this title;
  - (8) A licensed clinical social worker licensed under chapter 23 of this title;
- or
- (9) Another advanced medical or mental health professional licensed under title 63, as determined by the board.

**63-11-410.**

(a) Nothing in this part:

- (1) Requires licensure or restricts the activities of a student enrolled in a graduate program in art therapy approved by the advisory committee while practicing art therapy under qualified supervision and as part of an approved course of study; or
- (2) Prohibits or restricts the practice of persons authorized to practice under this title who perform services consistent with the scope of practice of their profession and within the scope of their training and competence; provided, that

such persons do not represent themselves to the public as a professional art therapist or as holding a license issued under this part.

(b) Nothing in this part permits any method of treatment that involves the administration or prescription of drugs or the practice of medicine in this state or permits a person licensed as a professional art therapist to perform psychological testing.

(c) Subsection (b) does not prohibit a licensed professional art therapist from conducting appraisal activities. Consistent with each licensed professional art therapist's formal education and training, licensed professional art therapists may administer and utilize appropriate art therapy assessment instruments that measure or determine problems or dysfunctions within the context of human growth and development as part of the therapeutic process or in the development of a treatment plan.

**63-11-411.**

(a) The advisory committee may deny a person's application for a license; restrict, suspend, or revoke an existing license; or take other action that the advisory committee deems proper. The advisory committee may discipline an applicant or licensee found to be in violation of this part, a rule promulgated by the advisory committee, or any action deemed to be grounds for disciplinary action under § 63-11-215.

(b) All proceedings for disciplinary action against a licensee under this part must be conducted in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 3. For purposes of promulgating rules, appointing the advisory committee, and issuing licenses, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect January 1, 2020, the public welfare requiring it.